Guide to Preventing Common Mistakes and Fraud for Individuals and Families Self-Directing Supports

The Centers for Medicare & Medicaid Services (CMS) has provided information on how to understand possible mistakes that can cause payment errors for self-directed and community-based supports. Avoiding these mistakes can help Medicaid continue to provide services to those who need them. This guide was created based on information from this publication and will help you make choices about your care. Please take some time to read over this material about common mistakes and Medicaid fraud prevention.

It Covers :

- Common mistakes that are made on documents that support funds paid for services.
- Helping you make good choices about your services.
- Learn how to avoid those common errors.
- Tips on what to do when an error occurs.
- Explaining other common mistakes.
- Explaining why your involvement is important and where you can go for more resources.

These are the Key Terms Used In This Guide

You: includes you, the individual receiving services, and your guardian or Designated Representative if you have one.

Individual Support Plan (ISP): A document that results from the person-centered planning process, which identifies the strengths, capacities, preferences, needs and personal outcomes of the individual. The ISP includes a personalized mix of paid and non-paid services and supports that will assist the person to achieve personally defined outcomes.

Fraud: An intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in payment of an unauthorized benefit under a state or federally funded program to himself or herself, the entity, or some other person.

Medicaid Abuse: Practices which result in an unnecessary cost to the Medicaid program, reimbursement for services that are not necessary or that fail to meet standards. A person can abuse the Medicaid program even if there is no intent to deceive. Fraud is different and involves intent.

CMS: The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid. Personal Assistant: A hired worker for the individual within the Missouri Self-directed Support (SDS) program.

Employee: Hired by you to provide personal assistance or community specialist services. Prevention: The act or practice of stopping something bad from happening: the act of preventing something.

Fiscal Management Service (FMS): A service that assists you with becoming an employer and employer related tasks such as:

- maintaining training documentation and conducting background screening for your potential employees,
- collecting and processing time sheets and supporting service documentation,
- processing payroll and the associated federal and state tax withholding, employment taxes and other related payroll activities, and brokering workers compensation.

Overview of home and community-based services

Medicaid pays for services through many programs that help you live in your own home or community. If you have a qualifying developmental disability and meet other program requirements you may be eligible to get the care you need.

States can waive some Federal rules to create programs to meet service needs of their residents. States can offer many waiver programs at the same time. No two State Medicaid programs are the same. For more about services information see:

- ✓ MO HealthNet Division (State Medicaid Agency)
- ✓ Senior & Disability Services | Health & Senior Services
- ✓ Developmental Disabilities

Overview of Self-Directed Supports

Federal law lets you self-direct your care. Self-Directed Supports (SDS) is an option for service delivery for persons with developmental disabilities who live in their own private residence or that of a family member. SDS enables individuals to exercise more choice, control and authority over supports. SDS is founded on the principles of Self-Determination. Under this option you have employment budget authority.

Self-Directed Care Path

State Medicaid programs have different policies for self-directed services. However, they must all follow Federal law, which includes:

- A person-centered planning process. You, your family and your case manager form your planning team. They help you identify your needs, goals, strengths, abilities, preferences, and your support system.
- A written Individual Support Plan (ISP).

- Your ISP describes the services, supports, and resources you need to live at home or in the community. Including an individual budget that identifies the dollar value of the services that you or your representative can self-direct. If you do not have an ISP, Medicaid cannot pay for the services you need.
- Information and Assistance or Support Broker Services. These supports help you know what choices you have in self-directing your care. Your support broker can provide information and assistance in order for you to fulfill your employer-related responsibilities.

Your Responsibilities in Self-Directed Supports

- When you self-direct your care, you decide who provides the services and how they are provided.
- You also must:
- Choose, manage, and dismiss your employees who provide your services (personal assistants and community specialists).
- Make sure employees are qualified to provide the services your ISP.
- Train employees to provide the services according to your needs, abilities, and goals (for example, help through cueing or supervision).
- Confirm that the services were provided by approving timesheets and service documentation.

Safeguards to help prevent fraud

Common Mistakes and Fraud

The Fiscal Management Service (FMS), your Support Coordinator, and State Regional Office play an important role in detecting, reporting, and preventing fraud and abuse.

The Fiscal Management Service (FMS)

The FMS web portal system includes safeguards that help prevent mistakes or potential fraud.
Safeguards include:

- ✓ Password protections
- ✓ Maintaining service documentation
- ✓ Web portal does not allow for overlapping time to be entered or billing twice for the same service
- ✓ Service documentation is reviewed when approving time worked.
- ✓ Maintaining proof that your employees are meeting training qualifications and ensure background screenings are complete.

Support Coordinator

Your Support Coordinator plays an important role in monitoring your services. It is important for you, your designated representative and/or your family to have an open relationship with your Support Coordinator. Each of you should feel free to speak up

and ask questions. The Support Coordinator is required to monitor your services no less than quarterly.

Your Regional Office

The Regional Office Self-directed Support Coordinator will assist with an Initial Review when entering self-directed supports. SDS Provider Reviews are completed upon entering into the program and no less than every three years thereafter.

Common Mistakes that Lead to Improper Payments

CMS knows that payment mistakes happen when people do not understand their roles in self-directed care. These examples show you where mistakes are made and how to avoid them.

Example 1—Daily Service Documentation

What is expected? Your employee must write down what services they provided and when they provided them. Electronic timesheets and service documentation allow employees to submit time worked with supporting documentation. You can then approve time and ensure that the required service documentation is maintained. The electronic timesheet and service documentation help ensure that the number of hours worked is calculated correctly, employees do not accidentally overlap time and other errors. This helps avoid a payback situation for you. No payments should be made without service documentation. Faxing or mailing paper timesheets and service documentation may cause a delay in employees getting paid. You may use paper timesheets only with prior approval by the state agency regional office.

What happened? Daily documentation was not complete or did not provide enough detail to justify the amount of time billed and did not match the employee hours reported.

Why did it happen? Sometimes employees are busy helping you. They don't write down the tasks they did at the end of their shift because they are in a hurry to leave. What will it cause? When your employees do not write down the tasks they did, you have no documentation to support their hours. This may result in an employee being paid too much or too little. If they are paid too much, you may run out of money in your budget and have to pay back money to the state agency.

What could you do? Ask employees to write down services they provide for you during the time they are present. Take the time to check daily service documentation to make sure employees record all services provided. If you see the employee missed something, ask them to re-enter the information into the web portal. If you see the services they did not provide listed, ask them to correct it. Review 'Guide to Documentation' with your employees.

Example 2--Individual Support Plan (ISP)

What is expected? Medicaid requires that your ISP be reviewed at least once each year or when your situation changes. In Missouri it is required that your ISP be reviewed no less than 4 times a year.

What happened? Your plan was not in effect on the dates the services were provided.

Why did it happen? Your plan was not reviewed on time. The plan expired and was no longer in effect.
What will it cause? Medicaid will not pay for services without a current plan.

What could you do? You and your team should review your plan at least once a year or when your situation changes. You should know when your support plan should be reviewed.
You can:

- ✓ Contact your Support Coordinator if a meeting has not been scheduled 90 days prior to your ISP and budget expiring
- ✓ Include a note in your Monthly Summary to your Support Coordinator informing them that your plan will soon expire.

Now it's your turn…

Read the two exercises that follow. Write in the blanks what you could do to avoid making mistakes. If you need help, refer back to this guide or use the sample answers after the blank lines.

Exercise 1-When you are absent

What is expected? There are times when you will be gone and can't get your services. For example, you may be in the hospital, or on vacation. You should let your employees know as soon as you can when you will be gone. However, this may not always be possible. Employees can't bill for time when you don't get services.

What happened? You were in the hospital on days that services were billed.

Why did it happen? You did not check the time sheets to make sure they were correct. You approved time without reviewing the service documentation. Daily service logs did not show that you were present. Employees billed for weekly hours without reducing time when you were not present.

What will it cause? Payment could be made for services that were not provided.

What could you do?

In addition to your responses, here are some other ideas:

- Let your employees know in advance when you will be gone.
- Make a note on your calendar of the dates you were gone.
- Check time sheets to make sure employee did not write down time spent for services while you were gone. If there is a mistake, ask employee to correct it.

Exercise 2-Employee Time Sheets

What is expected? When you self-direct your care, you must hire, manage, and train your employee. You also have the right to dismiss employees who are not giving you the care you need. You must check employee timesheets to make sure they are complete and correct. Approving the time sheet and service documentation means that you agree their hours are right and service documentation matched what was provided.

What happened? You did not review the work schedule before you approved timesheets and service documentation.

Why did it happen? You did not take the time to review the work schedule, the time sheets and service documentation before time was approved.

What will it cause? By not checking the work schedule, the time sheets and service documentation, employees could be paid for services they did not provide. This may cause over or underpayment of your employee.

What could you do?

In addition to your responses, here are some other ideas:

- Make sure you check time sheets when they are entered into the web portal and it matches your schedule.
- Approve timesheets to show that you reviewed it and agree that the hours are right and the service documentation matches the supports you received.
- If you do not agree with what is on the time sheet or your service documentation, ask your employer.

Exercise 3-Sharing your password

What is expected? Your password is individualized. As an Individual/Designated Representative, for example, you are the responsible party to use your FMS account to approve time and manage your budget. As an employer, you should not share your password with anyone else.

What happened? You review your budget and find that time and documentation was approved without your knowledge.

What could you do?

In addition to your responses, here are some other ideas:

- Be sure no one watches when you enter your password.
- Always log off if you leave your device and anyone is around-it only takes a moment for someone to steal or change the password.
- Don't tell anyone your password.
- Strong passwords are easy to remember but hard to guess. Iam:)2b29! - This has 10 characters and says, "I am happy to be 29!".
- It's okay to write down your passwords, just keep them away from your computer and mix them in with other numbers and letters so it's not apparent that it's a password.

Conclusion

Home and Community Based Supports can help you live in your own home or community. You can choose to self-direct your services. You can also manage how you receive those services with help from family, friends, or other personal supports. You can choose who provides the help and how they will help you.

Self-directed care must include a person-centered planning process which results in a written ISP and should include that you are offered information and support (Support Broker service) in order to self-direct your supports. A team of people who know you, including your support coordinator, will help you set goals, help you determine what you can do, what you need help with, and who may help you. You must manage those persons providing your self-directed care. You must also make sure all documentation is correct.

Common mistakes are made on time sheets, daily service documentation, and ISP. You can avoid these mistakes by taking simple steps.
Ask your support coordinator to help you schedule a review of your plan at least a month before it expires.

- ✓ Make sure you check time sheets when they are entered into the web portal .
- ✓ Ask employee to enter in the web portal the tasks they perform each day.
- ✓ Ask employee to correct errors on documents when you find them.
- ✓ Let employees know in advance, if possible, when you will be gone. Then make a note on your calendar of the dates you were gone.

CMS hopes you share its goal of protecting the Medicaid program. By avoiding mistakes, you can help Medicaid continue to provide services to those who need them.

What to do if you suspect fraud?

Fraud and abuse of public programs affects all of us. Everyone can take responsibility to report fraud and abuse. You may contact: Missouri's Attorney General

- Call toll free at (800) 286-3932
- Send an email to attorney.general@ago.mo.gov
- Visit Missouri Medicaid Audit & Compliance Report Fraud

Department of Social Services

- Central: 877-770-8055
- Eastern: 877-860-3052
- Southeast: 877-603-4323
- Western: 877-698-0760
- Southwest: 877-839-4316